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OCT 28 2005

**TOLER
LARSON
& ABEL_{LLP}**

FACSIMILE COVER SHEET

1017-0014-C2

DATE: October 27, 2005
TO: USPTO GPAU 2611 FAX NO.: 571-273-8300
FROM: John R. Schell
Reg. No. 50,776
RE: **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND
CHANGE OF CORRESPONDENCE ADDRESS**

U.S. APP NO.: 10/775,899

FILING DATE: 02/10/2004

APPLICANT(S): John J. Fowler et al.

ATTY DKT NO.: 1017-0014-C1

TITLE: METHOD AND SYSTEM FOR MONITORING COMPUTER
NETWORKS AND EQUIPMENT

NO. OF PAGES (INCL. COVER SHEET): 3

MESSAGE:

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of
Correspondence Address (1 pg.)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0861-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM	Application Number	10/775,899	RECEIVED CENTRAL FAX CENTER OCT 28 2005
	Filing Date	02/10/2004	
	First Named Inventor	John Fowler	
	Art Unit	2611	
	Examiner Name	Unknown	
(to be used for all correspondence after initial filing)		Attorney Docket Number	1017-0014-C1
Total Number of Pages in This Submission		2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
<div style="border: 1px solid black; padding: 5px;"> Remarks Customer No. 34456 </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	John R. Schell		
Date	10.27.2005	Reg. No.	50,776

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Laura H. Andre	Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (09-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/775,899
Filing Date	02/10/2004
First Named Inventor	John Fowler
Art Unit	2611
Examiner Name	Unknown
Attorney Docket Number	1017-0014-C1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 34456

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

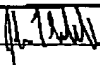
The reasons for this request are:

Transfer of file to another firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.				
Address	One Financial Center				
City	Boston	State	MA	Zip	02111
Country	United States				
Telephone	(617) 542-6000			Fax	(617) 542-2241
Signature					
Name	John R. Schell	Registration No.	50,776		
Date	10.27.05	Telephone No.	(512) 327-5515		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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